

## HSW SIGNIFICANT INCIDENT INVESTIGATION REPORT

Incident Reference Number .....

This form is designed to assist in the collation of information and investigation of a Significant Incident. This investigation report may be attached to the University's [online incident reporting system](#) or may be used to populate the various fields within the system.

<b>Date of Incident</b>	/ /	<b>Time :</b>	<b>hrs</b>
<b>Contact person</b>		<b>Phone</b>	
<b>PERSON INVOLVED</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> No Person <input type="checkbox"/> Visitor		
<b>Name of Employee/Contractor/Person (if applicable)</b>		<b>Phone</b>	
<b>Name of Contractor Company (if applic)</b>		<b>Phone</b>	
<b>Were there any injuries sustained?</b>	Yes / No		
<b>If yes, nature of injury</b>			
<b>If yes, current status of the person</b>			

**TASK BEING UNDERTAKEN AT THE TIME OF THE INCIDENT**

**HOW DID THE INCIDENT OCCUR AND WHAT WERE THE CONTRIBUTING FACTORS?**

(From the employee/contractors/persons perspective, list the steps that led to the incident and any factors which contributed.)

**LIST ANY HSW SYSTEM FAILURES OR NON-CONFORMANCES IDENTIFIED**

**LIST ANY CORRECTIVE ACTIONS TAKEN OR OUTSTANDING AS A RESULT OF THE INVESTIGATION**

**WITNESSES/ PERSONS OF INTEREST**

	Name	Contact No.
List who witnessed the incident/ persons of interest to the investigation (E.g. Supervisor if applicable?)		
Attach statement(s) where appropriate.		

**RA & SAFE OPERATING PROCEDURES (or equivalent)**

Is there a specific RA or Safe Operating Procedure for the task being undertaken?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Document(s) are attached to the Incident Report in the University's <a href="#">online incident reporting system</a>  <input type="checkbox"/> Yes
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